

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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2. The work under consideration for publication.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

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Pending: The patent has been filed but not issued

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Hadeel

2. Surname (Last Name)

Alkofide

3. Date

07-August-2015

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Michael Miligkos

5. Manuscript Title

Leukotriene receptor antagonists versus placebo in the treatment of asthma in adults and adolescents: a systematic review and meta-analysis

6. Manuscript Identifying Number (if you know it)

M15-1059

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Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Alkofide has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Michael

2. Surname (Last Name)
Miligkos

3. Date
08-August-2015

4. Are you the corresponding author? Yes No

5. Manuscript Title
Leukotriene receptor antagonists versus placebo in the treatment of asthma in adults and adolescents: a systematic review and meta-analysis

6. Manuscript Identifying Number (if you know it)
M15-1059

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Dr. Miligkos has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Christopher	2. Surname (Last Name) Schmid	3. Date 10-April-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Lesley Stewart
5. Manuscript Title The PRISMA Extension Statement for Reporting of Systematic Reviews Incorporating Network Meta-Analyses of Healthcare Interventions: Checklist and Explanations		
6. Manuscript Identifying Number (if you know it) M14-2385		

Section 2. The Work Under Consideration for Publication

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Dr. Schmid has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Raveendhara

2. Surname (Last Name)
Bannuru

3. Date
07-August-2015

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Michael Miligkos

5. Manuscript Title
Leukotriene receptor antagonists versus placebo in the treatment of asthma in adults and adolescents: a systematic review and meta-analysis

6. Manuscript Identifying Number (if you know it)
M15-1059

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
AHRQ	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Dr. Bannuru reports grants from AHRQ, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name) Ethan	2. Surname (Last Name) Balk	3. Date 07-August-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Miligkos, Michael
5. Manuscript Title Leukotriene receptor antagonists versus placebo in the treatment of asthma in adults and adolescents: a systematic review and meta-analysis		
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Dr. Balk has nothing to disclose.

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Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Sucharita	2. Surname (Last Name) Kher	3. Date 07-August-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title Leukotriene receptor antagonists versus placebo in the treatment of asthma in adults and adolescents: a systematic review and meta-analysis		
6. Manuscript Identifying Number (if you know it) _____		

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Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

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Dr. Kher has nothing to disclose.

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